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ABSTRACT

This document was written for anyone concerned about substance abuse in the workplace. It offers helpful advice to top management, supervisors, employee representatives, and workers. The first section discusses whether drugs in the workplace are a problem, the next section explains how to tell if employees have problems with drugs, and the third section discusses what can be done about the problem of drugs in the workplace. It is recommended that top management review organizational options, set the policy, and assign accountability. Supervisors are encouraged to confront workers with performance problems and to refer workers to employee assistance programs (EAPs) or other forms of assistance. It is suggested that employee representatives consult with management, that union representatives develop a member assistance program, and that workers themselves establish a system of peer referral. A section on alternatives to drugs in the workplace explores EAP options. Descriptions of 10 model programs and three sample policies are appended, along with drug fact sheets on cannabis, inhalants, cocaine, other stimulants, depressants, hallucinogens, narcotics, and designer drugs. A discussion of drug testing and list of resources are also included. (NB)

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WHAT WORKS:

WORKPLACES WITHOUT DRUGS

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WHAT WORKS:

WORKPLACES WITHOUT DRUGS

August 1990

U.S. Department of Labor

INTRODUCTION

"The more happy, healthy employees we have, the more creative and productive is our work, the more successful is our business. An EAP is an ideal business strategy—it shows care and concern for the well-being of our fellow workers while it contributes to our cost effectiveness. It's a win-win situation—everyone profits!"

—Maureen J. Carroll
Senior Vice President for Staff and Organizational Effectiveness
University Research Corporation

"America does not have a crime problem. America does not have a problem of job absenteeism and low productivity. America does not have a teenage pregnancy problem. America does not have a problem of broken homes and marriages. America has an alcohol and drug problem."

—George Gallup, Jr.
National Pollster

"There are many reasons why unions should involve themselves with the development of an EAP. One of the most important is so that the policy is designed primarily for rehabilitative purposes rather than punitive . . . Another reason is that EAP policy should be applied evenly across the board to everyone who works in that particular industry."

—George E. Cobbs
ILWU–PMA
Chair, ALMACA Labor Committee

"My manager sent me to the EAP. I was very hostile. I thought the problem was stress, that I needed a vacation, that those guys just couldn't understand what it's like to be the only woman in the department who's not a secretary. . . . When they said I needed to go to a treatment center, I told them to shove it. . . . The day before I left, I went out and bought a massive quantity of drugs and proceeded to get blitzed out of my mind. [Upon returning to my job after treatment] I became very proud of my accomplishments and hoped that I could encourage other people to seek help through the EAP."

—Anonymous woman in broadcasting

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LETTER FROM THE SECRETARY OF LABOR, ELIZABETH DOLE

Americans are fighting drugs in the streets, in schools, and even at home. And since 70% of all adult illegal drug users are employed, it is vitally important that we fight drugs in our workplaces as well.

Illegal substances are not the only challenge. For several decades, alcohol has headed the list of drugs that can have an adverse impact on worker health, work output, and public safety. Use of over-the-counter medications, as well as abuse of prescription drugs, pose an additional threat.

America now faces her stiffest economic competition in history. And if we are to succeed in the complex global marketplace, then our workforce must reach its full potential. Full potential is a concept that is out of reach for substance abusers.

A recent survey of human resource and management executives ranked substance abuse as the most critical labor issue—and for good reason. Substance abuse results in significant losses due to lowered productivity, increased health benefits claims, on-the-job accidents, and missed worktime. According to a current Federal estimate, drugs and alcohol on the job cost society an estimated $102 billion a year in reduced and lost productivity.

But far more than money is lost. I will never forget the day when as Secretary of Transportation, I met with the families of those killed in a train accident caused by a railroad employee who tested positive for marijuana. Innocent lives, lost: That is the saddest legacy of substance abuse on the job.

It takes a serious commitment from both management and workers to stop drug and alcohol abuse on the job. Employers and employees must work together to design and implement a program that balances compassion and support with individual accountability. To ensure cooperation at every level, substance abuse policies must be administered fairly and consistently. Trust, mutual interest, and respect are essential.

For, in the final analysis, progress can only be achieved if business regards people not as a cost, but an investment—an investment worth training, worth safeguarding, worth helping. Our human resources are, after all, our most precious resources.

What Works: Workplaces Without Drugs should be required reading for those concerned about substance abuse in the workplace. It offers helpful advice to executives, managers, employee representatives, and workers. Examples of effective Employee Assistance Programs (EAPs) are included, as are the names and phone numbers of resources that can assist in achieving workplaces free from substance abuse.

Working together, we can eliminate substance abuse from the workplace, and we will succeed in building stronger individuals, stronger businesses, and a stronger America.

DRUGS IN THE WORKPLACE

Are They a Problem?

People don't check their substance abuse problems at the door when they enter the workplace. Employees caught up in substance abuse tend to be absent from the job up to 16 times more often, claim three times as many sickness benefits, and file five times as many workers' compensation claims.

Significantly, the costs of substance abuse are also reflected by the working family members who are not themselves abusers. A non-alcoholic member of an alcoholic's family uses an average of ten times as much sick leave as normal.

It is difficult to put a price tag on low morale and impaired judgment in decision-making at work caused by substance abuse. Nor is it easy for an organization to figure the costs of pilfering, high turnover, recruitment, and training. No one knows how much is being lost in this way because of undetected or untreated substance abuse.

To dismiss all of these as "the cost of doing business" is to accept a norm that does not have to be accepted. It is worth challenging, as many large companies have seen.

Corporations are turning increasingly to Employee Assistance Programs (EAPs) to deal with employees' substance abuse problems. An EAP is a work-based strategy for early identification of employees' difficulties that are adversely affecting job performance. (See p. 17).

Giving an EAP the responsibility for helping employees with substance abuse problems that adversely impact job performance helps all members of the workplace team. Executives and managers know they have professional help available if an employee's substance abuse problem impacts the workplace. And workers know they have somewhere to go for professional assistance.

When someone makes excuses for a coworker's drowsiness or watery eyes, those excuses may serve to hide a more serious problem. Nobody wants to admit that her friend or a person he hired has a substance abuse problem. Subtle changes in behavior may be written off or not recorded because no one wants to confront the problem.

Most workplace leaders are not experts on medicine, drugs, and psychological assessment. But when they ignore or excuse behaviors or attitudes that diminish work performance, they may be closing their eyes to a problem and enabling workers who are harmfully involved with alcohol or other drugs to continue their involvement and to continue the risk to themselves and their coworkers.

Refusal to admit the possibility that alcohol or other drug use might exist at a worksite could be a missed opportunity to help an employee get help. If there is a problem, ignoring it will not make it go away. Drug and alcohol problems do not usually get better if left alone—they get worse.

Even if the leaders of organizations are convinced that "none of *my* people do drugs," they are interested in helping employees who are experiencing other personal problems that affect work performance. And an EAP is an excellent mechanism for providing that help.

DRUGS IN THE WORKPLACE

How Can We Tell?

Everyone knows the image of the stereotypical alcoholic or drug abuser, i.e., the strung-out, dead beat, skidrow bum. Unfortunately, the stereotype often serves to blind us to the existence of a coworker's drug or alcohol problem. Not all people with a substance abuse problem fit the stereotype. For example, a serious cocaine user is typically:

—well-educated (14 years of education)
—employed (77 percent)
—well-paid (37 percent earn over $25,000 annually)
—engaged in illegal activities to support the drug habit (56 percent)

The National Institute on Drug Abuse estimates that one in every five workers ages 18–25 and one in every eight workers ages 26–34 uses drugs on the job.

Given these statistics and the fact that alcohol and drug problems are not obvious in early or middle-stage users, individuals and organizations may wish to reexamine their assumption they have no workplace substance abuse problems.

Because substance abuse tends to be a hidden problem, many organizations have decided to proceed on the assumption that there may be individuals in the workplace who have or are developing a problem with drugs or alcohol. Beginning with education and prevention strategies followed by rehabilitation provisions, a company or union can demonstrate a commitment to employee health and safety which encompasses a drug free workplace.

To try to determine whether an organization has a substance abuse problem or the potential for developing a problem, the following steps can be taken.

- Identify organizational indicators of substandard performance such as increases in accidents, theft and property losses, security breaches, benefits utilization, absenteeism, training costs, and worker compensation claims.
- Call together representatives of key units within the organization such as occupational safety and health, security, employee benefits, personnel, and the EAP to get a company-wide sense of the problem. Employee representatives should be a part of the process.
- Obtain national, State or local statistics gathered by substance abuse agencies (health or law enforcement), medical or health societies, hospitals or treatment facilities, chapters of the National Council on Alcoholism, business and industry or trade organizations.
- Gather workers' views, formally or informally, as to whether drug use is present and whether it is undermining health, safety, security, or other aspects of work activity.
- Compare hard data with subjective views to get some idea of the productivity toll exacted by drugs.

DRUGS IN THE WORKPLACE

What Can We Do?

Any organization could be described as a team of people with various responsibilities for producing goods or delivering services. It is this team that has the potential for producing a drug free workplace. Each member on this team has a different role in achieving that goal. What follows is a set of recommendations for action by those members:

- Top Management
- Supervisors
- Employee Representatives
- Workers

WHAT TOP MANAGEMENT CAN DO

Reviewing Organizational Options

Recommendation:

Review all policies, agreements, and relevant laws concerning the work force and identify changes that need to be made in order to ensure a drug free workplace.

The first step toward a drug free workplace begins with top management becoming knowledgeable about alcohol and other drugs through reading materials, educational forums, and networking with others. In order to deal effectively with the problem of substance abuse, top management might have to draw on a team of experts. Depending on company structure, top management should:

- Obtain program and procedural guidance and names of occupational program consultants from the Alcohol/Drug Directors in State Government, usually located at the State Capitol.
- Encourage local business or industry associations to sponsor educational seminars on workplace drug abuse. Learn from presentations by other employers about developing effective programs.
- Consult with other local employers to explore formation of a consortium or to discuss subcontracting services from a large company or union.
- Consult with employee representatives or discuss with employees directly to explore changes in work rules on such issues as the relationship of program participation to disciplinary procedures and whether program participation is voluntary or compulsory.
- Arrange for guest speakers on drug awareness, calling on local alcohol and drug councils, law enforcement officials, chemical dependency treatment facilities, and self-help groups.
- Invite discussions with local health resources that provide drug abuse treatment services.
- Review worker insurance packages to determine if drug abuse treatment services are included.

WHAT TOP MANAGEMENT CAN DO

Setting Policy

Recommendation:

Develop a clear policy and procedures for a safe, secure and healthful work environment. Involve representatives of all key units and employees in shaping the alcohol and drug policy.

Top management support is critical for achieving a drug free workplace. Developing and publicizing a policy statement lets the work force and the larger community know that the commitment is strong and serious. (See sample policy statement, p.35)

Equally important to the success of the program is the support and inclusion of workers from all levels and sectors of the organization. From the early stages of planning through implementation of the program, this network of participating employees can be of help.

The policy document should:

- State the unacceptability of drug or alcohol use on the job.
- Define what constitutes an infraction of work policy and rules regarding substance abuse and describe the consequences.
- Recognize that alcohol and drug problems are treatable. Spell out the availability of treatment and rehabilitation services.
- Integrate the ideas of corporate interest and employee well-being. State the company's concern for workers and dependents whose drug use could adversely affect job performance and the well-being of self, family, and coworkers.
- Identify the EAP as the mechanism to help workers who have a problem.
- Make clear that participation in an EAP will not jeopardize future employment or advancement nor will it protect workers from disciplinary action for continued substandard job performance or rule infractions.
- Explain the relationship of an EAP to other organizational components. Include the roles and responsibilities of various personnel in the organization.
- Review the company's existing rules of conduct that apply to the use of substances, particularly the use of alcohol at company-sponsored activities.
- Specify eligibility for using EAP services.
- Outline procedures for supervisory and union referrals, voluntary referrals, and peer referrals.
- Establish recordkeeping procedures which assure confidentiality.
- Include provisions for program evaluation.

WHAT TOP MANAGEMENT CAN DO

Assigning Accountability

Recommendation:

Establish an Employee Assistance Program (EAP) to work with all units, employee representatives, workers, and levels of supervision in implementing the drug free policy.

Top management is the prime mover in launching an EAP and maintaining its credibility and usefulness. In order to achieve this goal, top management can:

- Seek EAP expertise (see pp. 17-18)
- Prepare a letter announcing the drug free policy and the EAP to be sent to each employee and family.
- Form a team of key personnel with responsibility for smooth integration of the EAP into the organization.
- Allocate funds necessary to initiate and maintain the EAP.
- Support the EAP via high visibility within the organization.
- Provide training for supervisors and employee representatives and education and outreach for the work force.
- Ensure that a simple evaluation plan is designed at the outset.
- Assure a private location for the EAP.

WHAT SUPERVISORS CAN DO

Confronting Workers with Performance Problems

Recommendation:

Use constructive confrontation with workers whose job performance is becoming substandard and unacceptable.

Supervisors have a legitimate right to initiate a series of corrective actions with a worker whose performance begins to decline. However, responsibility for monitoring job performance does not extend to identifying and resolving personal problems that are interfering with work performance.

Confronting a worker can be constructive when a caring but firm attitude on the part of the supervisor is coupled with an offer of assistance by referral to health and human service professionals if the performance problem is related to substance abuse. Workplace confrontation is one of the most effective ways known to help those with alcohol or drug problems admit to the problem and seek help.

Managers can:

- Develop and communicate objective job performance standards so that deteriorating performance can be documented.
- Talk with the worker about the need to improve performance which is unacceptable. Determine whether workplace factors such as inadequate equipment or training are causing or contributing to the problem.
- Prepare a written memorandum documenting incidents and examples of performance problems.
- Hold a private meeting with the worker to discuss the performance or attendance problems in the memo. Review and discuss needed improvements and setting a time limit for improvement.
- Inform the employee of the availability of assistance for personal problems. Encourage use of these resources.

WHAT SUPERVISORS CAN DO

Referring Workers

Recommendation:

Refer workers whose performance remains substandard to the EAP or other available assistance for assessment.

When it appears that personal problems may be impacting performance, supervisors need to have an alternative for aiding the worker. At any stage of an employee's deteriorating performance, a supervisor may seek consultation with the EAP.

If discussions do not succeed in changing the worker's behavior, the supervisor should:

- Express genuine concern to the worker about the lack of noticeable improvement.
- Identify and explain the substandard work performance.
- Make clear to the worker that if the problem is personal, it is the worker's responsibility to take care of it.
- Call attention to the availability of the EAP or community resource that offers confidential assistance for personal problems.
- Emphasize that lack of improvement in job performance could lead to corrective action which might result in termination.

WHAT EMPLOYEE REPRESENTATIVES CAN DO

Consulting with Management

Recommendation:

Negotiate with management representatives to develop a company-wide policy and program for realizing a drug free workplace. Emphasize the continuum of strategies including education, prevention, identification, and treatment.

Labor and management share the goal of a safe, secure, and healthy workplace. Increasingly, joint solutions are called for and can be the most successful approaches.

Joint action can set the stage for a joint labor-management drug policy. A worker with alcohol and drug problems poses a difficult problem for both the employee representative and the supervisor to handle. Long-range benefits may accrue to the worker, employee representative, and the supervisor if that worker is confronted and given access to help.

Employee representatives can:

- Discuss with supervisors the possibility of a joint program.
- Propose a drug free policy and joint program as an item for collective bargaining.
- Suggest cooperative education and prevention activities.

WHAT UNION REPRESENTATIVES CAN DO

Developing a Member Assistance Program

Recommendation:

Make provision for union activities that reinforce safe, healthful work behaviors and attitudes and help members become drug free.

When the EAP concept is implemented by a union for its members, the designation becomes MAP—Member Assistance Program. A MAP is as cost-beneficial to a small or medium-sized union as an EAP is to a company that is not large.

Union representatives who want to take the initiative on the issue of workplace drug and alcohol issues can:

- Survey members about their health and safety concerns.
- Contact union groups that have experience with MAPs or EAPs to get information on starting a program.
- See that appropriate materials on alcohol and drugs including information on how to get help are distributed to members.
- Include informational presentations by local alcohol/drug agencies or councils at local meetings.
- Join with other locals to retain an MAP/EAP professional for group consultation on starting a program.
- Contract with a local treatment facility or private practitioner specializing in substance abuse services.

WHAT WORKERS CAN DO

Establishing Peer Referral

Recommendation:

Organize an informal peer network to inform workers about drugs, confront users with their unacceptable behaviors, provide referral information, and support those who are becoming drug free.

With or without a union or a company EAP, coworkers have the power to promote a drug free workplace. Close ties among coworkers allow them to spot another's personal problems before job performance is badly impaired.

In many occupations and organizations, the coworker is often in a position to notice a change in a worker's behavior or attitude before the supervisor does. Personal problems can thereby be spotted and addressed in the early stages. As a result, serious job performance problems and consequent disciplinary measures may be avoided.

Workers can:

- Increase their knowledge about drugs and the effects of drugs.
- Agree among themselves as to what constitutes unacceptable behaviors jeopardizing health, safety, and security at the worksite and confront employees exhibiting these behaviors.
- Identify local resources that can help employees in trouble with alcohol or other drugs.
- Let new hires know that a drug free workplace is the norm.
- Devise non-disruptive workplace reminders such as stickers, magazine articles on drug-related subjects, small posters, news about upcoming media programs, etc.
- Go the extra mile, on and off the worksite, to ease the way for coworkers who are recovering from substance abuse.

Exploring Employee Assistance Program Options

EAPs are cost-effective, humanitarian job-based strategies for helping employees whose personal problems are affecting their work performance. Most basically, an EAP is in place to conserve human resources, balancing economics and empathy. It is a win-win proposition for employees and management. EAPs are confidential and nonpunitive. They affirm three important ideas:

1. Employees are valuable members of the team;
2. It is better to offer assistance to employees experiencing personal problems than to discipline or fire them; and
3. Recovering employees become more productive and effective.

There are over 10,000 EAPs in operation across the country. All sizes and types of employers have instituted EAPs because an EAP can help save money in terms of less absenteeism, fewer accidents, decreased use of medical and insurance benefits, savings in workers' compensation claims, fewer grievances and arbitrations, and fewer employee replacement costs. In addition, a well-run EAP improves employee morale, increases productivity and enhances general employee well-being.

While figures vary widely on cost-effectiveness, employers generally find that for every dollar they invest in an EAP, they save anywhere from $5 to $16. The average annual cost for an EAP ranges from $12 to $20 per employee.

Unions in many industries and trades, from steel to symphony and from auto to education, have adopted assistance programs. Concern for the health and well-being of members and their families and for job security makes assistance programs a natural for unions.

EAPs may be sponsored and run by the company, by the union or other employee organization, or jointly. Large companies, unions, and employee organizations may find it cost effective to establish and staff an EAP internally. For organizations that are smaller or have dispersed worksites, EAP services may better be provided on a contract basis from external EAP providers. Some EAP providers are national or regional in scope. Other providers service only local areas. Increasingly, hospitals and substance abuse treatment centers may provide an EAP component.

There is no lock-step process or iron-clad formula for determining the most appropriate package of EAP services for any given organization. Before committing the organization to any type of EAP, the following steps should be taken:

- Gather as much information on EAPs in general and specific EAP providers as possible. A consumer who is well informed about a product or service is more likely to make the right choice.

- Contact national or local professional associations of EAP practitioners for information and referrals.
- Contact other local companies, business or trade associations, unions or labor councils about EAPs or MAPs. They may be able to provide good information and references.
- Announce openly to the entire work force the intention to explore establishing an EAP and invite comments, questions, and discussion.

Perhaps the most important thing to remember is that each organization has its own unique characteristics, dynamics, and culture. While it is useful to compare notes with others, each work force may have some special characteristic that an EAP must accommodate—high turnover, assorted shifts, predominantly one gender or minority group, merger and acquisition issues, or considerable decentralization. No matter what the special requirement of the work force, an EAP can be designed to fit those needs. Ultimately, however, the success of the EAP will depend on the quality of the staff and the commitment of those responsible for its operation.

CONCLUSION

There are no simplistic solutions to the complex problem of drugs in the workplace. Every person in the workplace can take an active part in fighting workplace substance abuse. The more people who are involved, the more successful the effort will be.

No single approach to workplace substance abuse will meet the needs of every organization. However, there are certain basic steps that can contribute to a successful drug free workplace effort.

1. Take a firm position against workplace substance abuse and communicate that position. Management, employee representatives and employees can all take such a position—jointly or individually.
2. Learn about drugs and alcohol and how they affect individuals and workplaces. Make sure that this information is communicated to everyone in the workplace. Sponsor and participate in activities geared to education and awareness.
3. Do not ignore the signs and symptoms of possible substance abuse. Depending on the workplace situation, the identification of workplace substance abuse may be critical to the health and safety of coworkers and the general public.
4. Provide for assistance so that employees who have a drug or alcohol problem can get the help they need. Assistance may take the form of a formalized employee assistance program or it may constitute referral to available community resources.

Across America, efforts are underway to rid workplaces of the presence and effects of substance abuse. In each case, a little knowledge and a lot of commitment got the effort started. The realization of the benefits from doing so have kept the effort going. Hopefully, the suggestions and the model programs in this booklet have provided the little bit of knowledge.

APPENDICES

MODEL PROGRAMS

Association of Flight Attendants

Washington, D.C.

The Association of Flight Attendants (AFA), affiliated with the AFL–CIO, represents 23,000 flight attendants employed by 13 air carriers. The membership is 86 percent female and 59 percent are in their thirties. Sixty-two percent of the members are married and 43 percent have children.

Traditionally, EAPs have relied on supervisors to identify and refer employees exhibiting personal problems that affected their work. But this occupational group receives only minimal supervision. Work hours are irregular, ranging from three to seventeen hours. Trips last from one to five days, and rest periods are taken wherever and whenever the work assignment is complete. Flying partners usually change from month to month.

Clearly, the traditional EAP was not adequate for this occupational group. During the mid-1970s, as AFA began to actively address stress-related worksite problems and their effects on members, they concluded that a different model was needed. They applied to the National Institute on Alcohol Abuse and Alcoholism for a demonstration grant to design and implement a peer referral program. With the award of the grant in 1980, AFA's EAP was born.

Given the close kinship of people working together in a confined space, sharing rooms, meals, and social events during rest periods, the peer intervention model seemed most appropriate. It takes advantage of the social support dimensions of flight attendants' work environment. The leverage for getting help is peer pressure—a strong reinforcer of healthier behaviors.

Such a network is effective not only in identifying and referring troubled workers, but also in supporting recovery from alcohol and other drug problems.

The key to success of the peer referral program lies in training flight attendants as "health ambassadors." A core group of 120 committee members is the backbone of the EAP. Members of this group were chosen because they are well liked, accessible, trustworthy, and respectful of confidentiality, as well as motivated to help coworkers.

These 120 full-time flight attendants are not trained to be diagnosticians. Rather, they have learned how to recognize problem behavior, how to intervene formally and informally, and how to refer people to appropriate treatment resources or self-help groups. Major emphasis in the intensive training program lasting 96 hours focuses on the crisis intervention concept. One important feature of the training is the necessity for detachment which means that committee members are responsible *to* but not *for* troubled coworkers.

Supporting the 120 committee members is the member-wide emphasis on health, safety and well-being via early identification and intervention, the national EAP headquarters staff, and a 24-hour hotline for members and their families.

After five years of operations, AFA hired an independent research consultant to see how well they were doing. AFA's utilization rate was 3.6 percent, well above the U.S. Office of Personnel Management's respectable rate of one percent of the work force.

Peer referrals accounted for 31 percent, while self-referrals numbered 51 percent. Seventeen percent of referrals were made by supervisors or other management personnel. This last statistic indicates how the EAP's effectiveness has eroded the usual adversarial barrier between management and the union.

In each of the last few years, the number of those seeking assistance has increased. Not only the quantity but also the quality of AFA's innovative EAP has served as a model to other unions and worker groups.

The California Women's Commission on Alcoholism bestowed its 1985 EAP Humanitarian Award on AFA's EAP because of the tremendous success of the peer referral approach.

Contact: Barbara Feuer, MS; Director, EAP; Association of Flight Attendants; 1625 Massachusetts Avenue, NW; Washington, DC 20036; 202/332-0744.

Carpenter Technology Corporation

Reading, Pennsylvania

Carpenter is the largest domestic producer of specialty steel. With headquarters in Reading, Pennsylvania, it employs 4,300 people in 27 locations. Approximately one-fourth of the work force is unionized, represented by the United Steelworkers.

In 1974, Carpenter concluded that since their employees come from the community, and therefore reflect the problems in the community, the company had a role to play in assisting both. This offer of assistance, in the form of an EAP, not only helped employees, it also made good financial sense.

From its inception, the EAP has been housed in Employee Relations. The EAP Administrator provides services to headquarters and to the 23 small locations through various local vendors, as needed. At the three other major locations, EAP contract vendors are retained.

EAP enjoys good support from the Executive Committee of the union, with members using that program in the same proportion as non-union employees. Regular informational meetings are held with union representatives.

Historically, slightly less than half of the EAP caseload was alcohol- or drug-related. When that figure rose noticeably, the EAP looked for reasons.

Between 1984 and 1986, four previously unrelated indicators were brought together revealing:

- Preemployment alcohol/drug screening with a range of positive results from 4–29 percent of applicants depending on plant location;
- A 14-percent increase in alcohol- or drug-related contact with EAP;
- An increase in alcohol- or drug-related fitness for duty incidents; and
- Subjective requests from employees and supervisors to take additional steps to better ensure a safe, alcohol and drug free work environment.

These factors led to an expansion of the drug screening program to better identify and refer for assistance individuals with alcohol or drug problems. As a supplement to existing safety, security, medical, training, EAP, and communications efforts, drug screening was instituted for all employees, salaried or hourly, when there is:

- Involvement in a serious workplace accident or serious safety-related incident;
- Supervisory identification of an employee as unfit for work; or
- A company-required physical examination.

The screening program is in place at the four production facilities, covering 90 percent of the work force, and will be extended to the other 23 warehousing and sales locations.

Since drug screening was initiated, there are fewer accidents, fewer fitness for duty referrals, and greater work force comfort with the increased safety and security.

Most importantly, drug screening has not undermined the integrity of the EAP. There has been no decrease in self-referrals or supervisory referrals. Instead, more employees are seeking EAP services.

Contact: George DeLapp, Administrator; Employee Assistance Program; Carpenter Technology Cooperation; P.O. Box 662; Reading, Pennsylvania 19603; 215/371–2325

The City of San Diego

San Diego, California

During the 1970s, the Vocational Rehabilitation Coordinator for the City of San Diego was faced with a knotty problem. Rehabilitation clients appeared to be troubled. Often times their personal problems had been the basic cause of their injuries. The Coordinator arrived at the conclusion that the cost of workers' compensation claims stood a good chance of being substantially reduced if the City started an EAP.

A pilot program was approved by the City for one of the larger departments, Water Utilities. Because this was an income-producing department, costs for the EAP could be handled there with less difficulty than would be the case in other departments. If the service proved successful, it would be expanded Citywide.

EAP operations provided on a contract basis by an external EAP specialist began in February 1982 within the Water Utilities Department which had approximately 10 percent of the City employees. The contract provided assessment, referral, and follow-up services along with employee orientation and supervisory training. At the end of the first year, the utilization rate was near three percent, more than three times the rate of one percent realized by the U.S. Office of Personnel Management.

After two years, feedback from the Risk Management personnel, from the unions, and from the decrease in the workers' compensation claims marked the pilot project a success. As a result, in 1984 the City authorized the extension of EAP services to over 8,000 City employees and their families. A full-time EAP specialist and one full-time clerical assistant were hired to staff this new division within Risk Management. Operating funds came out of the workers' compensation budget.

In 1984, the newly hired internal EAP Administrator met with the presidents of the four unions—Local 127 of the American Federation of State, County and Municipal Employees, Municipal Employee Association, Firefighters Local 145, and Police Officers Association—to ascertain their views on adequacy of EAP services. Although the unions were not actively involved in planning the EAP, they support it because of the help that their members have received. During 1988, discussions are being held between the EAP Administrator and two unions representing high risk occupations. Their goal is to evolve an appropriate mechanism for better handling the unique problems of those occupations.

Since 1984, workers' compensation claims have decreased as utilization of the EAP has climbed to 4.6 percent in 1987. Management support has been demonstrated by the addition of a half-time Counselor responsible for assessment, referral, follow-up, supervisory training, employee education, substance abuse education, community outreach, and resource development.

Contact: Sue Curtin, CEAP, Employee Assistance Administrator; City of San Diego; Risk Management Department; Union Bank Building; 525 "B" Street, Suite 618; San Diego, California 92101; 619/533-4540.

Employee Assistance of Central Virginia, Inc.

Lynchburg, Virginia

The Employee Assistance of Central Virginia, Inc. (EACV) is a service center for 14,000 employees in 24 work organizations. It came into being as a

result of dedication to the idea of EAP by the largest employer in town, Babcock & Wilcox Company. This company contracted with the State of Virginia to provide an EAP for its 3,600 employees. A full-time Director and half-time counselor staffed the program funded primarily by the B&W Company.

The State of Virginia funded a small portion of the budget and did not want to remain in the project. In 1979, after two years of operation, EACV was established as a separate non-profit company to sell EAPs.

From the start, B&W's goal had been not only to offer services to its employees, but also to explore the feasibility of extending coverage to employees in other work organizations. The success of the venture led to the incorporation of EACV as a non-profit organization with off-site facilities. Provision was made for the Board of Directors to be comprised of CEOs from the major employers. This composition brought double benefits to EACV—leadership by those with ongoing investment in the EAP concept and credibility in the community. An Advisory Committee made up of the Human Resources Directors of member companies added more frequent guidance to EACV operations.

No one foresaw how effective the Board would be in persuading numerous work organizations to join the consortium. By 1988, EACV had contracts with 24 organizations: public and private, union and non-union groups ranging in work force size from 18 to 3,600 included a diversity of enterprises—city government, public and private schools, banks, insurance companies, manufacturers, paper mill, electronics, printers, and others.

EACV is an assessment and referral model of EAP for employees and family members with treatment and counseling being provided by other professionals within the community. Considering all companies, the average utilization is about five percent of the work force. Approximately one-third of EACV's staff time is devoted to management services such as supervisory training, consultation, and conflict resolution. The longer EACV is with a company, the more services it is asked to provide.

Every member organization pays the same fee—$14.50 annually for each employee with a minimum per company cost of $500 for companies with 35 employees or less. When organizations are interviewing EACV, the most frequent comment heard regarding the fee is: "Is that all?"

EACV now has a staff of five people, two being part-time. It has operated in the black since the beginning. The simplicity of their budgeting surprises many: "Our revenue is our budget."

Contact: Susan Mock, Executive Director; EACV; 1925 Atherholt Road-Lower Level; Lynchburg, VA 24501; 804/845-1246.

General Motors–United Auto Workers

Detroit, Michigan

Union and management representatives at General Motors have been working together on behalf of alcohol- and other drug-impaired employees for more than 16 years. The program began as a joint effort because neither management nor the union working alone could always provide the level of motivation to get employees the necessary help for their addictions. The GM–UAW EAP was initially developed as a joint union-management alcoholism recovery program in 1972. Six years later it became a substance abuse program which evolved into a broad brush EAP by the early 1980s.

Employing more than half a million workers at 168 sites, over 90 percent of the hourly employees are represented by UAW, with the International Union of Electrical Workers (IUE) and the United Union of Rubber Workers (URW) representing the rest. Each worksite has an EAP team composed of local union representatives and local management coordinators. Day-to-day operations are generally under these two officials. Yet overseeing their EAP activities is the local plant medical director.

GM–UAW uses a case management model which includes assessment, referral, aftercare, follow-up, and administration. Intensive treatment is provided by local community facilities. In 1985 the EAP began a Predetermination Program handled through a national contract with Family Services America. This family-oriented organization conducts clinical assessment and psychosocial evaluation of employees who are in need of substance abuse treatment. They determine what level of care is required.

In the last few years, problems with chemical dependency were clearly the major concern, accounting for better than two-thirds of the EAP clientele.

An important measure of program success is the number of clients who agree to accept the specific kind of help suggested by the EAP. Considering the entire range of problems for which employees came to the EAP, eight out of ten clients accepted the program's recommendations. In approximately one-third of the new cases, EAP counseling was the recommendation, with another one-third recommended for outpatient care.

Since 1986, the collaborative efforts between management and union EAP representatives have increased. Not only has the jointly funded program continued to be so, as in the past, but organizationally the relationship has become co-equal. At present, the EAP is housed at the UAW–GM Human Resources Center, with co-directors—one union and one management.

Contact: Daniel Lanier, Jr.; DSW and Ronald L. Murray; UAW–GM Human Resources Center; Auburn Hills, MI 48057; 313/377–2432.

Hillsborough Area Regional Transit

Tampa, Florida

HARTline (Hillsborough Area Regional Transit) has 400 employees of which 250–275 are bus drivers represented by the Amalgamated Transit Union. Recently it received an award from the American Public Transit Association for its improved safety record.

One factor that contributed to this track record was the installation of an EAP in December 1984. Over the three-year period 1985-1987, the utilization rate of the EAP was 9.5 percent, which is computed by counting per sona counseling contacts, not phone consultations. All managers and supervisors have been through the training program provided by an external EAP contractor. In addition, IHR provides supervisory training updates, assessment of employee problems, short-term counseling, employee orientation, four educational workshops for employees each year, awareness posters, and informational bulletins. For all these services, HARTline's annual cost comes to just over $24 per employee.

The company was given positive ratings in an employee survey in 1987, conducted by an outside consultant. While this reflects an important dimension of corporate progress, equally significant are the statistical analyses of company performance. Comparing the 1984 pre-EAP accident record with the 1987 data, the number of accidents declined nearly 50 percent although the total miles driven increased slightly.

Other measurable criteria have shown similar improvements. In 1984 there were 60 workers' compensation claims filed, where as in 1987 only 49 claims were filed. Completed arbitration cases were 12 in 1984, but only 4 in 1986. Liability expenses, such as bodily injury and property damage, dropped from $1,013,209 in 1984 to $29,951 in 1986.

Drug testing for bus operators became part of the required annual physical examination, starting in July 1985. There is pride in being drug-free within HART; some of whose drivers and staff participate in a citywide education effort in the area's schools. HARTline and other major employers are carrying the message that they test for drugs and do not hire those who fail to pass the tests.

Contact: Eric Estell, Risk Manager, or Irma Capaz, Director of Human Resources; HARTline; 4305 E. 21st Avenue; Tampa, FL 33605; 813/623–5835.

Local 32B–J

New York, New York

Local 32B–J represents building service employees in New York City. Its 70,000 members work for 700 different employers. These workers are doormen, elevator operators, cleaning crews, security guards, and window-washers scattered throughout the city at 7,000 sites. With great decentralization, assorted shifts and minimum supervision, this population presents a challenge to an occupational alcohol/drug program.

In 1978, the union established a Member Assistance Program (MAP) as a special health service within their Health Fund structure. Until that year, members with alcohol problems had been referred to New York's Central Labor Council. By 1978, the increased incidence of alcohol problems amounted to more than the Council could handle.

Recruitment of a full-time MAP Director officially launched the alcoholism program. The man selected for this position was a 32B–J member. Although he had 25 years' experience in dealing with alcoholics, the new director began an intensive self-study education in occupational programming.

Visiting worksites, getting to know the union delegates and shop stewards, and writing articles for the union paper led to many referrals. The Director's functions included assessment and referral to alcoholism treatment and other helping resources, as well as close follow-up with the member for one year.

Within three years of MAP operations, the caseload exceeded the ability of one staff person to handle, and one alcoholism counselor was added. Between 1981 and 1983, the number of members needing help for alcohol problems continued to rise. To deal with the increasing workload, the union decided to augment program staff with professional helpers in addition to members.

The success and reputation of the program in dealing with alcohol problems created a demand for extending MAP services to those with other drug problems. In 1985, it was re-named the Substance Abuse Program. During the late 1980's, SA's caseload averaged 450 clients per year. As a result, plans for further expansion are being explored.

Contact: Jack P. Anderson, CEAP; Substance Abuse Program, Building Service 32B–J Health Fund; 60 Madison Avenue; New York, NY 10010.

Peer Plus

Fort Worth, Texas

Peer Plus Alcohol and Drug Prevention Program is a new blend of several strategies in the workplace—volunteerism, peer pressure, prevention teams,

broad brush approach to troubled employees, and grass-roots operational autonomy coupled with management funding. It is basically an educational and referral mode of employee assistance managed by the employee volunteers.

The concept for the Peer Plus program emerged over a period of four years, as Tamarack Group, a small corporate communications firm, working with major railroad and other transportation companies, provided prevention and referral information to their employees. During this time Tamarack identified the need for many small businesses to have a prevention program and created the Peer Plus program as a low-cost solution to combat growing alcohol and drug problems in the workplace.

Early in 1988, Peer Plus was introduced to the management of small and large companies. At the outset, a proposal and model program are shown to management, followed by a training seminar for supervisors. The supervisors then select volunteer employees to receive training and manage the program as a Peer Plus prevention team. Management pays for all the costs of training and the promotional materials used by the team members to encourage coworkers not to use alcohol or drugs at work.

During the training, emphasis is placed on what Peer Plus is *not*. It is **not** an organized snitch team, **not** a safety program, **not** an alcohol/drug counseling program, **not** a complaint department, and **not** a guise for testing. Trainees learn about the specifics of what substances look like, how to locate community resources and 800-numbers (including charity and United Way helpers), how to approach a coworker who appears to have some problem, and how to promote a safe and healthful worksite that's free of alcohol, illicit drugs, and misuse of prescription drugs.

Peer Plus is totally volunteer and employee-run, encompassing such tasks as preparation of copy for the monthly Peer Plus newsletter and compilation of a list of community resources to be handed to a troubled employee. Where an EAP exists, Peer Plus works with it. However, a number of small companies that cannot afford an EAP have benefitted from Peer Plus. Managers are relieved at the assurance that they do not have to deal with employees' personal problems. Unions appreciate the opportunity to be involved in this helping strategy without management control.

Contact: Patricia Schlaeger; Tamarack Group; La Junta Plaza; ASR 880 Box 4; Springtown, TX 76082; 817/677-5777.

St. Louis Symphony Orchestra

St. Louis, Missouri

The St. Louis Symphony was the first orchestra to utilize an EAP. Like many other work organizations, the Symphony was at times faced with negative performances caused in part by alcohol and drug problems. Thus, the Orchestra's Personnel Manager had to become knowledgeable about

relevant laws and suitable alcohol and drug treatment resources in the community.

During the course of this case-by-case work which included contact with treatment professionals, the Personnel Manager learned of EAP. In conference with the Conductor and Executive Director, the decision was made to begin an EAP out of concern for the well-being of talented persons and the desire to have a positive atmosphere in the organization.

External providers of EAP services were invited to make presentations to the Symphony's Management and Orchestra Committee (union representatives of the American Federation of Musicians). This months-long process was paralleled by an educational effort on EAP—how it works, who is responsible for what, confidentiality safeguards, job security issues, and similar sensitive topics.

One of the ground rules set before each of the prospective EAP vendors was that the firm selected would have to agree to use the physicians currently seen by Symphony members. Only one firm accepted this arrangement—the St. Louis Area EAP, an affiliate of the National Council on Alcoholism for 22 years. This EAP provider wanted to contact the Symphony physicians and check references on them. So high was the praise, the St. Louis Area EAP has added them to its roster of approved MDs who might be consulted by others of its clients.

AFM committee members involved in the consideration of vendors questioned whether EAP would become an item for negotiation in the master agreement. Management said it would not, that EAP services would be available at no charge to employees or their families prior to contract renewal. Coverage was not to be confined to orchestra members only, but to all Symphony employees—staff, stage hands, engineers, and others.

During the first 18 months of operation, approximately 12 percent of the 160 persons covered had taken advantage of the EAP. With success defined as improvement in job performance within one year of the first appointment of the EAP, 70 percent of those who participated achieved this goal, including resolution of a number of emotional/psychological, family, and marital problems.

Contact: Joan Bricetti; General Manager; Powell Hall; St. Louis Symphony; 718 N. Grand; St. Louis, MO; 314/533-2500.

Workers Assistance Program of Texas

Austin, Texas

The Workers Assistance Program of Texas (WAP/T) is a one-of-a-kind EAP service provider. Through a 1977 grant from NIAAA and NIDA, it began as an information, education, and training project. Staffed by union members,

the Program goal was to sell people on the concept of EAP through organized labor.

Over the past 11 years, there have been two major shifts in funding. When the Federal Government changed over to block grants in 1981, WAP/T secured funds from the State to maintain operations. Beginning in 1984, WAP/T was reorganized into a full-service professional EAP firm. Their success led to steadily expanded funding from the private sector.

Presently the Program covers more than 54,000 workers at 72 sites. The size of the work units receiving services varies from nine to 2,300 workers. Mostly small to mid-range work organizations contract with the Program.

Unions and collective bargaining units include State, federal, and municipal government employees, firefighters, machinists, letter carriers, steelworkers, communications workers, building and construction trades workers, office and professional workers, stage hands, electrical workers, paper workers, food and commercial workers, and teachers. Numbered among the non-union companies that have contracted for EAP services are an oil company, a publishing company, a steel fabricating company, and a warehousing facility. In addition, State agencies and Ford-UAW (Texas worksites) have EAP coverage through WAP/T.

With three regional offices and three satellite offices, WAP/T "combines private sector efficiency with public sector heart." Their Board of Directors is heavily weighted with union officials who continue to endorse the idea of *pro bono* work which accounts for a lot of the Program's workload. No group has ever been refused services because it was unable to pay.

In unionized companies, the Program Director first approaches the union representatives, and later, management. If the company management has no interest in EAP services, a workers' assistance program may be set up for the union.

Each contract is custom-tailored to the work group. Some want only self-referral and counseling services. Others want full-service programs which broaden the range of activities to include supervisory/steward training, drug education, stress management and monthly brown bag lunches.

Although WAP/T is moving toward self-sufficiency as a non-profit, external provider, it remains committed to helping any group of workers and their families, irrespective of their ability to pay.

Contact: Terrence Cowan, Executive Director; Workers Assistance Program of Texas; 1802 West 6th Street, Suite 200; Austin, TX 78703; 512/447–4491.

SAMPLE POLICY STATEMENTS

BOWATER CAROLINA COMPANY

Employee Assistance Program Policy

Bowater Carolina Company and Locals 925 and 1924 of the United Paperworkers International Union recognize that a wide range of problems not directly associated with one's job function can have an effect on an employee's job performance. In most instances, the employee will overcome such personal problems independently and the effect on job performance will be negligible. In other instances, normal supervisory assistance will serve either as motivation or guidance by which such problems can be resolved so the employees's job performance will return to an acceptable level. In some cases, however, neither the efforts of the employee or the supervisor have the desired effect of resolving the employee's problems and unsatisfactory performance persists over a period of time, either constantly or intermittently.

Bowater Carolina Company and Locals 925 and 1924 believe it is in the interest of the employee and the employee's family to provide an employee service which deals with such persistent problems. Implementation of the program will be conducted on the basis of urging employees displaying patterns of poor job performance to participate in the program. The existing discipline—grievance and arbitration procedures remain in effect but will be dovetailed as much as possible with progressively stronger urgings to the employee to become involved in an Employee Assistance Program. Therefore, a joint union-management committee has been formed to handle such problems within the following framework:

1. Bowater Carolina Company recognizes that almost any human problem can be successfully treated provided it is identified in its early stages and referral is made to an appropriate modality of care. This applies whether the problem is one of physical illness, mental or emotional illness, finances, marital or family distress, alcoholism, drug abuse, legal problems, or other concerns.
2. When an employee's job performance or attendance is unsatisfactory and the employee is unable or unwilling to correct the situation either alone or with normal supervisory assistance, it is an indication that there may be some cause outside the realm of his/her job responsibilities which is the basis of the problem.
3. The purpose of this policy is to assure employees that, if such personal problems are the cause of unsatisfactory job performance, they will have assistance available to them to help resolve such problems in an effective and confidential manner.
4. Problems causing unsatisfactory job performance will be handled in a forthright manner within the established employer's health and personnel administrative procedures and all records will be preserved in the highest degree of confidence.
5. In instances where it is necessary, a leave of absence may be granted for treatment or rehabilitation for alcoholism and/or drug abuse on the same basis as it is granted for other ordinary health problems.

6. Employees who have a problem they feel may affect work performance are encouraged to voluntarily seek counseling and information on a confidential basis.
7. Employees referred through the program by their supervisor will be encouraged to secure adequate medical, rehabilitative, counseling, or other services as may be necessary to resolve their problem.
8. It will be the responsibility of the employee to comply with the referrals for assessment and his/her problem and to cooperate and follow the recommendation of the diagnostician or counseling agent.
9. Since employee work performance can be affected by the problems of an employee's spouse or other members of the immediate family, the referral source is available to the families of our employees as well.

NEW YORK EMPLOYEE ASSISTANCE PROGRAM

Statewide Labor/Management EAP Advisory Board

This agreement is intended to reinforce and enhance the existing (volunteer coordinator) EAP currently in place in many state agencies. It is the objective of the Executive Level Labor/Management EAP Advisory Board to centralize and structure the program in order to provide all employees of the State of New York and their families an opportunity to receive prompt and effective resolution to those problems which negatively impact on their lives.

The undersigned agree to the formation of a Statewide Employee Assistance Program as follows:

I. Policy

A. In recognition that personal problems (alcoholism, drug abuse, physical disabilities and emotional difficulties) which affect employee job performance, safety and client services are treatable conditions, the parties have mutually embarked on an effort to enhance the Employee Assistance Program in all State agencies as a constructive alternative to the normal labor relations process, in order to:

— identify the problem at the earliest possible stage

— insure confidentiality

— motivate the employee to seek help

— direct the employee to the most appropriate community resource.

B. Program design planning and implementation will be jointly reviewed for concurrence and agreement by the parties.

C. A system of evaluation will be developed to determine whether the program meets its projected goal.

II. Program

The program approach suggested in the Report of the Governor's Task Force is adopted. That approach provides for volunteer coordinators serving at the local level, supported by a regional network of professional EAP representatives.

III. Program Advisory Board

An Executive Level Labor/Management Advisory Board shall be established to provide oversight to the program. For a period of one calendar year, the Advisory Board shall meet not less than one time per month to oversee the phase-in of the statewide program; as needed thereafter no less than quarterly.

IV. Program Manager

The program manager, selected by the Advisory Board, shall be accountable to the Advisory Board and shall meet with them at their request. The program manager shall be responsible for the program administration, including but not limited to staff retention and appointment. Any staff replacement or increase shall be subject to approval by the Advisory Board. New staff interviews shall be conducted by a representative panel of labor and management. The program manager shall develop operating policy and procedure which will be implemented subject to the approval of the Advisory Board. Decisions of the Board shall be by majority vote. The Board will receive monthly written reports on program progress and problems.

V. Union Advisors

The union advisors shall be accountable to their respective principals. In addition, their role shall include:

--assisting in the implementation of local programs
—assurance of local and statewide policy compliance
—assurance of union input and information flow between the statewide EAP office and the unions
—assisting in the preparation and execution of union steward training, along with supervisory and staff orientation
—participation in new staff recruitment, interviewing and hiring
—intervention at the local and statewide levels for problem resolution

VI. Effective Date

The Statewide program shall be put into effect as soon as it is practicable.

VII. There will be an ongoing evaluation of the program by the Advisory Board, and the Program will be reviewed and evaluated at the end of each year of operation to agree on continuation or any modification that might be necessary.

SAMPLE COLLECTIVE BARGAINING LANGUAGE

SUBSTANCE ABUSE POLICY

Prepared by The Baking Industry and Teamster Labor Conference (BITLC) under a grant from the Federal Mediation and Conciliation Service through its new Labor-Management Cooperation Programs initiative.

WHEREAS, the Employer and the Union acknowledge that substance abuse is a serious and complex, but treatable condition/disease that negatively affects the productive, personal, and family lives of employees and the stability of companies; and,

WHEREAS, the Employer and the Union are committed to addressing the problems of substance abuse in order to ensure the safety of the working environment, employees, and the public, and to providing employees with access to necessary treatment and rehabilitation assistance; and

WHEREAS, the Employer and Union have defined a program of employee assistance and have provided coverage to assure that employees requiring treatment and rehabilitation resulting from their substance abuse can receive such services without undue financial hardship;

NOW THEREFORE, the Employer and the Union agree that,

1. Appropriate efforts will be undertaken by the Employer and the Union to establish employee understanding that the experience of alcohol or drug problems is not, of itself, grounds for adverse action. Employees will be strongly encouraged to seek and receive the services of the employee assistance program prior to such problems affecting job performance or resulting in on the job incidents.

   When the Employer has a reasonable suspicion based on objective criteria that an employee is under the influence of alcohol or drugs, hereinafter referred to as 'substances', the Employer may require that the employee immediately go to a medical facility to provide both urine and blood specimens for the purpose of testing and to receive a fitness for work examination by a licensed physician.

   Reasonable suspicion based on objective criteria means suspicion based on specific personal observations that the Employer representative can describe concerning the appearance, behavior, speech or breath odor of the employee. Suspicion is not reasonable, and thus not a basis for testing, if it is based solely on third party observations and reports.

2. The requirement for this testing shall be implemented where practicable, in accordance with the following procedures:

(a) When the Supervisor has established a reasonable suspicion that an employee may be under the influence of substance(s), based upon specific, individualized observations, the Supervisor shall contact another Supervisor or management employee, for purposes of confirming the reasonable suspicion. The Supervisor shall contact the Business Agent, Union Steward, or other bargaining unit employee for the purpose of informing and involving the appropriate and available Union representative in the immediate situation.

In the presence of the employee and Union representative, the Supervisor shall present the observations establishing the reasonable suspicion. The employee shall, upon hearing the Supervisor's confirmed observations, receive a written description of his/her rights, obligations, and options and shall be presented with the opportunity to immediately self-refer to the employee assistance program.

(b) While the observations of the Business Agent, Union Steward, or other bargaining unit employee, may be solicited and are relevant in the context of the joint Employer/Union commitment to addressing the problem of substance abuse, Union representatives will not be expected to give their assent to the Supervisor's decision to require testing or to take other management action.

(c) An employee who does not self-refer into the employee assistance program and refuses to go to a medical facility, after being informed of the observations establishing reasonable suspicion and of the requirement for immediate fitness for work examination and provision of blood and urine samples, will be discharged.

If requested, the employee shall sign consent forms authorizing: (1) the medical facility to withdraw a specimen of blood and urine; (2) authorizing the testing laboratory to release the results of the testing to the medical facility for physician review and to the Employer; and (3) at the employee's discretion, he/she may authorize the same release as defined in (2) to the Union. By signing these consent forms, the employee does not waive any claim or cause of action under the law. An employee's refusal to sign the release shall constitute a refusal to be examined and tested subject, however, to Section 2. (d) below.

(d) An employee who refuses to be examined and tested shall be encouraged to go to the medical facility for this purpose with the understanding that blood and urine samples drawn will not be tested unless that employee, within twenty-four (24) hours, authorizes that these be tested.

If, at the end of this period, the employee still refuses to have the samples tested, the employee will be discharged unless the employee agrees, within the same twenty-four (24) hour period to self-refer into the employee assistance program.

(e) The employee to be tested shall be taken to the medical facility by an Employer representative and, at the request of the employee, the Business Agent, Union Steward or other bargaining unit employee.

(f) In an effort to protect individual privacy, employees will not be subject to direct observation while rendering urine samples. If the employee provides blood and/or urine samples that contain confirmed evidence of any form of tampering or substitution, the act shall constitute a refusal to be tested and the employee shall be discharged.

(g) Blood and urine samples shall be drawn, subject to the provisions in Section 3 below. Upon receipt of the specimens by the laboratory, one of the two urine specimens will be placed immediately, unopened, in a locked freezer for storage for a period of six months. Employees may, within twenty-four (24) hours of receipt of test results, request the presence of an approved, consulting toxicologist during the full conduct of a second, independent test to be conducted at the laboratory site. Employees requesting independent tests are liable for the costs of the second test and the consulting toxicologist unless the employee's second test results are negative.

In cases of second tests, the urine specimen alone will be used as this fluid better retains the integrity of its chemical contents. Because some drugs/drug metabolites deteriorate or are lost during freezing and/or storage, the retesting of specimens is not subject to the same testing level criteria as were used in the original analysis.

(h) Employees subject to the requirement for testing shall be suspended, effective immediately after receipt of the fitness for work examination and rendering of samples, for the period of time required to process, screen, and confirm test results.

(i) Employees whose test results are negative, and who pass the fitness for work examination, shall be reinstated with backpay for the period of suspension, except as provided in Section 4 (a) below. Employees whose test results are positive shall not be eligible for reinstatement with backpay but shall be given the opportunity to immediately self-refer into the employee assistance program. In the absence of immediate self-referral, such employees will be discharged.

3. The examination and testing procedures and standards to be carried out by the medical facility personnel and testing laboratory shall be those adopted by the Employer and the Union, shall use the blood alcohol level established by State law for intoxication, shall rely in the testing for drugs other than alcohol, on the urine specimen to test for the presence of drugs and/or their metabolites, shall consider 'presence' only and not degree of intoxication or impairment, and shall include the following general components:

(a) Rigorous review, selection and performance monitoring of medical

facilities performing the examination and specimen collection and of the laboratory facilities performing the tests.

(a.1) Medical Facilities

Medical facilities performing the examination and specimen collection must be under the direction of a licensed physician. The facility must employ at least one charge nurse who is a registered nurse.

A licensed physician must perform the fitness for work examination and review the laboratory reports of drug tests. The physician must have knowledge of substance abuse disorders and must possess the appropriate medical training to interpret and evaluate all positive test results together with the employee's medical history, including medications use, and any other relevant biomedical information.

The medical facility must possess all necessary personnel, materials, equipment, facilities, and supervision to provide for the collection, security, temporary storage, and transportation (shipping) of blood and urine specimens to the drug laboratory. The medical facility must provide written assurances that the specimen collection space is secure; that chain of custody forms will be properly executed by authorized collection personnel upon receipt of specimens; that the handling and transportation of specimens from one authorized individual or place to another will be accomplished through the use of chain of custody procedures; and that no unauthorized personnel are permitted in any part of the specimen collection or storage spaces.

(a.2) Laboratory Facilities

Laboratory facilities must comply with applicable provisions of any State licensure requirements and must be approved by the BITLC and/or the parties to the agreement. BITLC approval of a laboratory shall be contingent upon successful demonstration and on-site review establishing that the laboratory meets the standards for accreditation promulgated by the National Institute on Drug Abuse and upon the laboratory's ongoing participation in a program of external quality assurance. These standards may be revised as recommended by the National Institute on Drug Abuse.

(b) Specific specimen collection procedures that include safeguards to ensure the employee's right to privacy.

Authorized specimen collection personnel shall request that the employee show positive identification by providing a pictured identification card such as a driver's license and shall assure that the employee signs the waiver agreement that explains the procedures for testing and reporting results. These personnel shall remove all articles and items from the collection space or bathroom, shall assure that toilet water is colored or blued, shall turn off the hot water valve under the sink, shall assume that the tamper-proof specimen

collection kit is intact, and shall instruct the employee to wash and dry hands prior to entry. Employees shall remove all excess clothing and leave belongings outside the bathroom and shall provide urine samples in two containers. Employees will not be subject to direct observation while rendering samples. Authorized specimen collection personnel shall, however, be present outside the bathroom and shall receive containers, assure that the quantity is sufficient for testing, check color and measure the temperature of each container and record same. These personnel shall fill in specimen labels in the presence of the employee, shall cap and seal containers with evidence tape and shall secure the employee's initials on the tape.

(c) Flawless chain of custody procedures governing specimen handling throughout the testing process. Chain of custody procedures shall assure that blood and urine samples shall not leave the sight of the employee until each vial has been sealed and initialed and, that at least the following measures are taken by medical facility and laboratory staff:

(c.1) Medical Facilities

Authorized medical facility personnel shall seal specimen tubes with evidence tape in the presence of the employee and the employee shall initial the evidence tape. These personnel shall complete a chain of custody form and shall place the sealed and initialed specimen tubes in the drug collection kit or box provided by the laboratory along with the chain of custody form and signed waiver. The collection kit or box shall be sealed by authorized medical facility personnel and this seal or tape shall be initialed by these personnel and by the employee.

The medical facility shall make prior arrangements for courier pickup of the specimens and shall assure that all specimens are couriered or shipped to the testing laboratory as immediately as possible. The medical facility shall assure that no specimens will be shipped on a Friday or the day before a holiday and that any specimens held at the facility overnight shall be placed in a secured refrigerator until courier pickup.

(c.2) Laboratory

The testing laboratory shall assure that personnel authorized to receive specimens immediately open the package, inspect the sealing tape for initials, and open the kit or box. These personnel shall examine and inspect the chain of custody form, the specimen tubes, and kit or box to assure that it conforms to the requirements of Subsection c.1 (above). If these requirements are not met, the laboratory personnel shall immediately notify the laboratory's scientific director and shall document any and all inadequacies in the chain of custody requirements. The laboratory's scientific director shall immediately

notify the medical facility, the Employer and the Union of the inadequacies and shall retain the specimens in a locked freezer pending disposition direction.

If the requirements are met, authorized laboratory personnel shall sign on the appropriate line of the chain of custody form and deliver the specimen kit or box to authorized laboratory technologists for testing. Each technologist shall sign on the appropriate line of the chain of custody form.

All positive samples shall be resecured with evidence tape, signed, and dated by an authorized technologist. Upon completion of testing procedures, testing reports shall be prepared and signed by at least two authorized technologists for the review, approval, and signature of the scientific director.

(d) Established levels below which specimens are deemed negative:

Drug Assay	Screening Cut off level	
Blood Alcohol*	100	mg/dl
Cocaine Metabolite	300	ng/ml
Phencyclidine	25	ng/ml
Opiates	300	ng/ml
Amphetamine	1000	ng/ml
Cannabinoids	100	ng/ml

*Subject to Section 3

(e) Laboratory use of appropriate screening and confirmation procedures and technology.

The laboratory shall assure that each specimen will be screened by an immunoassay method, i.e., EMIT, RIA, FPI, for each drug/drug group. Each specimen shall also be analyzed for acid, neutral and basic drugs by thin layer chromatography (TLC).

If either or both of these assays are positive, an intermediate screening procedure shall be performed by a second, authorized laboratory technologist using a more specific TLC procedure, an alternate second immunoassay method, and/or a high pressure liquid chromatography.

Gas chromatography/mass spectrometry (GC/MS) must be used as the final confirmation method. All three tests must be positive before a specimen is reported as positive.

Blood and urine ethanol testing shall be performed by gas chromatography (GC) and, if positive, a second GC column shall be used. If results are positive on both columns, fluorescent polarization immunoassay (FPI) or an enzymatic assay shall be used as the third and confirming test.

Final confirmation by gas chromatography/mass spectrometry (GC/MS) and/or fluorescent polarization immunoassay (FPI) shall be subject to the following levels below which specimens are deemed negative:

Drug Assay	Confirmatory Cut off level	
Blood Alcohol*	100	mg/dl
Cocaine Metabolite	150	ng/ml
Phencyclidine	25	ng/ml
Opiates	300	ng/ml
Amphetamine	300	ng/ml
Cannabinoids	20	ng/ml

*Subject to Section 3

Screening methods measure a group of drugs and/or their metabolites simultaneously. Confirmatory methods, on the other hand, measure single and specific drugs and/or their metabolites. Cut off levels for confirmatory methods, therefore, may be lower than those for initial screening.

(f) Procedures to assure the confidentiality of test results and the treatment of these records as confidential health information or data.

The laboratory shall ensure that testing reports, including the original chain of custody form, are mailed to those personnel authorized by the medical facility, the Employer, and if the employee so chooses, by the Union immediately and shall ensure that, in the event that telephone reports of testing results are required by the medical facility, the Employer and the Union, a security code system be used to establish that results are being verbally reported only to those individuals authorized by the medical facility, the Employer and by the Union.

4. After examination and specimen testing results, the following shall apply:

(a) If an employee is subject to discipline or termination under existing practices, such employees shall not utilize the substance abuse policy to circumvent the labor agreement or existing practices or to avoid discipline or termination.

(b) In the cases not covered in Section 4 (a) above, the employee will have the opportunity for appropriate assistance, assessment, referral, treatment, and aftercare as provided in the employee assistance program and as agreed in the employee assistance program's individual treatment plan with the employee. Failure to seek and receive these services or failure to abide by the terms of the treatment plan shall be grounds for discharge.

(c) An employee who seeks and receives assistance and who completes the defined employee assistance program shall, upon return to work,

be subject to random and mandatory tests for a period of nine (9) months.

(d) An employee who, on the basis of such random and mandatory tests defined in 4 (c) above, provides samples that contain positive and confirmed evidence of substances at or above the stipulated levels, shall not be given a second opportunity to access the employee assistance program as an alternative to discharge.

(e) Employees who successfully complete the employee assistance program and their individual treatment plan agreements and who return to work will be encouraged to contact and avail themselves of the employee assistance program's services on a self-referral basis whenever they desire ongoing assistance and support.

Employees who relapse and for whom reasonable suspicion of substance use is established a second time, and whose test results are positive, will be subject to the disciplinary procedures up to and including discharge. The Union and Employer may agree, however, to consider such mitigating factors as the employee's length of sobriety, job performance, length of service, etc. in such situations.

5. The employee assistance program shall include the following components:

(a) Full clinical evaluation and appropriate assessment followed by a specific individual treatment plan and regimen for the receipt of counseling, treatment, aftercare, and related services subject to the ongoing monitoring of the employee assistance program staff.

(b) Active encouragement and procedures for the voluntary and self referral of troubled employees to the employee assistance program in cases in which reasonable suspicion has not been established and in which examination and testing procedures are not invoked.

(c) Assurances and procedures to protect the confidentiality of employees who voluntarily seek employee assistance program services; procedures governing the management of such employee records as medical information.

6. Any disputes arising under this addendum shall be subject to the grievance procedure established in the labor agreement, up to and including arbitration.

DRUG FACT SHEETS
CANNABIS (Marijuana)

Effects

All forms of cannabis have negative physical and mental effects. Several regularly observed physical effects of cannabis are increase in heart rate, bloodshot eyes, dry mouth and throat, and hunger.

Use of cannabis may impair or reduce short-term memory and comprehension, alter sense of time, and reduce ability to perform tasks requiring concentration and coordination, such as driving a car. Research shows that knowledge retention may be lower when information is given while the person is "high." Motivation and cognition are altered, making the acquisition of new information difficult. Marijuana can also produce paranoia and psychosis.

Because users often inhale the unfiltered smoke deeply and then hold it in their lungs as long as possible, marijuana is damaging to the lungs and respiratory system. The tar in marijuana smoke is highly irritating and carcinogenic. Long-term users may develop psychological dependence and tolerance.

Type	What is it called?	What does it look like?	How is it used?
Marijuana	Pot Grass Weed Reefer Dope Mary Jane Acapulco Gold	Dried parsley mixed with stems that may include seeds	Eaten Smoked
Tetrahydro-cannabinol	THC	Soft gelatin capsules	Taken orally Smoked
Hashish	Hash	Brown or black cakes or balls	Eaten Smoked
Hashish oil	Hash oil	Concentrated syrupy liquid varying in color from clear to black	Smoked—mixed with tobacco

INHALANTS

Effects

A variety of psychoactive substances have been inhaled as gases or volatile liquids. Many popular commercial preparations such as paint thinners and cleaning fluids are mixtures of volatile substances making it difficult to be specific about their various effects. There is no single "Inhalant Syndrome."

Immediate negative effects of inhalants may include nausea, sneezing, coughing, nose bleeds, fatigue, lack of coordination, and loss of appetite. Solvents and aerosol sprays may also decrease the heart and respiratory rates and impair judgement. Amyl and butyl nitrite cause rapid pulse, headaches, and involuntary passing of urine and feces. Long term use may result in hepatitis or brain damage.

Long-term use can cause weight loss, fatigue, electrolyte imbalance, and muscle weakness. Repeated sniffing of concentrated vapors over time can lead to permanent damage of the nervous system.

Type	What is it called?	What does it look like?	How is it used?
Nitrous Oxide	Laughing gas Whippets Buzz bomb	Propellant for whipped cream in aerosol can Small 8-gram metal cylinder sold with a balloon or pipe	Vapors inhaled
Amyl-Nitrite	Poppers Snappers	Clear yellowish liquid in ampules	Vapors inhaled
Butyl-Nitrite	Rush Bolt Locker room Bullet Climax	Packaged in small bottles	Vapors inhaled
Chloro-hydro-carbons	Aerosol sprays	Aerosol paint cans Containers of cleaning fluid	Vapors inhaled
Hydro-carbons	Solvents	Cans of aerosol propellants, gasoline, glue, paint thinner	Vapors inhaled

COCAINE

Effects

Cocaine stimulates the central nervous system. Its immediate effects include dilated pupils, elevated blood pressure, increased heart rate, and elevated body temperature. Occasional use can cause stuffy or runny nose. Chronic use can cause ulceration of the mucous membrane in the nose. Injecting cocaine with unsterile equipment can transmit AIDS, hepatitis, and other infections. Preparation of freebase, which involves the use of highly volatile solvents, can result in fire or explosion. Cocaine can produce psychological dependency, a feeling that the user cannot function without the drug.

Crack or freebase rock, a concentrated form of cocaine, is extremely potent. Its effects are felt within ten seconds of administration. Physical effects include dilated pupils, increased pulse rate, elevated blood pressure, insomnia, loss of appetite, tactile hallucinations, paranoia, and seizures.

Cocaine use may lead to death through disruption of the brain's control of heart and respiration.

Type	What is it called?	What does it look like?	How is it used?
Cocaine	Coke Snow Flake White Nose Candy Big C Snow Bird Lady	White crystalline powder, often diluted with other ingredients	Inhaled through the nose Injected Smoked
Crack or-cocaine	Crack Freebase rocks Rock	Light brown or beige pellets-or crystalline rocks that resemble coagulated soap; often packaged in small vials	Smoked

OTHER STIMULANTS

Effects

Stimulants can cause increased heart and respiratory rates, elevated blood pressure, dilated pupils, and decreased appetite. In addition, users may perspire, experience headache, blurred vision, dizziness, sleeplessness, and anxiety. Extremely high doses can cause rapid or irregular heartbeat, tremors, loss of coordination, and even physical collapse. An amphetamine injection creates a sudden increase in blood pressure that can result in stroke, very high fever, or heart failure.

In addition to the physical effects, users report feeling restless, anxious, and moody. Higher doses intensify the effects. Persons who use large amounts of amphetamines over a long period of time can develop an amphetamine psychosis that includes hallucinations, delusions, and paranoia. These symptoms usually disappear when drug use ceases.

Type	What is it called?	What does it look like?	How is it used?
Amphetamines	Speed Uppers Ups Black Beauties Pep Pills Copilots Hearts Benzedrine Dexadrine Biphetamine	Capsules Pills Tablets	Taken orally Injected Inhaled through the nose
Methamphetamines	Crank Crystal Meth Methedrine Speed	White powder Pills Resembles a block of paraffin	Taken orally Injected Inhaled through the nose
Additional Stimulants	Ritalin Cylert Preludin Didrex Pre-State Voranil Tenuate Tepanil Pondimin Sandrex Plegine	Pills Capsules Tablets	Taken orally Injected

DEPRESSANTS

Effects

The effects of depressants are similar to those of alcohol in many ways. Small amounts can produce calmness and relaxed muscles, but larger doses can cause slurred speech, staggering gait, and altered perception. Very large doses can cause respiratory depression, coma, and death. The combination of depressants and alcohol can increase the effects of the drugs, thereby multiplying the risks.

The use of depressants can cause both physical and psychological dependance. Regular use over time may result in tolerance to the drug, leading the user to increase the quantity consumed. When regular users stop taking depressant drugs, they may develop withdrawal symptoms ranging from restlessness, insomnia and anxiety to convulsions and death.

Babies born to mothers who abuse depressants during pregnancy may be physically dependent on the drugs and show withdrawal symptoms shortly after they are born. Birth defects and behavioral problems have been associated with these children.

Type	What is it called?	What does it look like?	How is it used?
Barbiturates	Downers Barbs Blue devils Red devils Yellow Jacket Yellows Nembutal Seconal Amytal Tuinal	Capsules of many colors: Red, yellow, blue, or red and blue	Taken orally
Metha-qualone	Quaaludes Ludes Sopors	Tablets	Taken orally
Tranquilizers	Valium Librium Equanil Miltown Serax Tranxene	Capsules Tablets	Taken orally

HALLUCINOGENS

Effects

Phencyclidine (PCP) produces behavioral alterations that are multiple and dramatic. Because the drug blocks pain receptors, violent PCP episodes may result in self-inflicted injuries. The effects of PCP vary, but users generally report a sense of distance and space estrangement. Time and body movement are slowed. Muscular coordination worsens and senses are dulled. Speech is blocked and incoherent.

Chronic users of PCP report persistent memory problems and speech difficulties. Mood disorders - depression, anxiety, and violent behavior - also occur. In later stages, chronic users often exhibit paranoid and violent behavior and experience hallucinations. Large doses of PCP may produce convulsions, coma, heart and lung failure, or ruptured blood vessels in the brain.

Lysergic acid (LSD), mescaline, and psilocybin cause illusions and hallucinations. The physical effects may include dizziness, weakness, tremor, nausea, and drowsiness.

Sensations and feelings may change rapidly. It is common to have a bad psychological reaction to LSD, mescaline, and psilocybin. The user may experience panic, confusion, suspicion, anxiety, and loss of control. Delayed effects, or flashbacks, can occur even after the use has ceased.

Type	What is it called?	What does it look like?	How is it used?
Phencyclidine	PCP Angel dust Loveboat Lovely Hog Killer weed	Liquid Capsules White crystalline powder Pills	Taken orally Injected Smoked - can be sprayed on cigarettes, parsley, and marijuana
Lysergic Acid diethylamide	LSD Acid Green or red dragon White lightning Blue heaven Sugar cubes Microdot	Brightly colored tablets Impregnated blotter paper Thin squares of gelatin Clear liquid	Taken orally Licked off paper Eaten Gelatin and liquid can be put in eyes
Mescaline & Peyote	Mesc Buttons Cactus	Hard brown discs Tablets Capsules	Chewed, swallowed, smoked
Psilocybin	Magic mushrooms	Fresh or dried mushrooms	Taken orally

NARCOTICS

Effects

Narcotics initially produce a feeling of euphoria followed by drowsiness, nausea, and vomiting. Users may experience constricted pupils, watery eyes, and itching. An overdose may produce slow and shallow breathing, clammy skin, convulsions, coma, and death.

Tolerance to narcotics develops rapidly and dependence is likely. The use of unsterilized syringes may result in transmission of diseases such as AIDS, endocarditis, and hepatitis. Addiction in pregnant women can lead to premature, stillborn, or addicted infants.

Type	What is it called?	What does it look like?	How is it used?
Heroin	Smack Horse Brown sugar Junk Mud Big H	Powder, white to dark brown Tar-like substance	Injected Inhaled through the nose Smoked
Methadone	Dolophine Methadose Amidone	Solution	Taken orally Injected
Codeine	Empirin compound with codeine Tylenol with codeine Codeine in cough medicines	Tablets Capsules Dark liquid varying in thickness	Taken orally Injected
Morphine	Pectoral syrup	White crystals Hypodermic tablets Solutions	Injected Taken orally Smoked
Meperidine	Pethidine Demerol Mepergan	White powder Solution Tablets	Taken orally Injected
Opium	Paregoric Dover's Powder	Dark brown chunks Powder	Smoked Taken orally
Other Narcotics	Percocet Pecodan Tussionex Fentanyl Darvon Talwin Lomotil	Tablets Capsules Liquid	Taken orally Injected

DESIGNER DRUGS

Effects

Illegal drugs are defined in terms of their chemical formulas. To circumvent these legal restrictions, underground chemists modify the molecular structure of certain illegal drugs to produce analogs known as designer drugs. These drugs can be hundreds of times stronger than the drugs that they are designed to imitate.

The narcotic analogs can cause symptoms such as those seen in Parkinson's disease - uncontrollable tremors, drooling, impaired speech, paralysis, and irreversible brain damage. Analogs of amphetamines and methamphetamines cause nausea, blurred vision, chills or perspiration, and faintness. Psychological effects include anxiety, depression, and paranoia. As little as one dose can cause brain damage. The analogs of phencyclidine cause illusions, hallucinations, and impaired perception.

Type	What is it called?	What does it look like?	How is it used?
Analogs of Fentanyl (Narcotic)	Synthetic heroin China white	White powder resembling heroin	Inhaled through nose Injected
Analogs of Meperidine (Narcotic)	Synthetic heroin MPTP (New heroin) MPPP PEPAP	White powder	Inhaled through nose Injected
Analogs of-Amphetamines & Methamphetamines (Hallucinogens)	MDMA (Ecstasy, XTC, Adam, Essence) MDM STP PMA 2,5-DMA TMA DOM DOB	White powder Tablets Capsules	Taken orally Injected Inhaled through nose
Analogs of Phencyclidine (Hallucinogens)	PCPy PCE TCP	White powder	Taken orally Injected Smoked

DRUG TESTING

Employers have both a right and an obligation to promote workplace safety and productivity, and some form of drug and alcohol testing in the workplace may contribute to these objectives. Recent surveys indicate that 30 percent or more of the Fortune 500 companies have opted for some form of drug testing with this aim in mind and that testing is on the rise.

While testing is generally reliable, inaccurate results may occur in the absence of rigorous procedural and technical safeguards. In an effort to identify those procedural and technical safeguards, the Department of Health and Human Services recently developed and published Mandatory Guidelines for Federal Workplace Drug Testing Programs (hhFederal Register, Vol. 53, No. 69, 4/44/88). Any employer contemplating a drug testing program is urged to adhere to these guidelines to assure that employees and applicants are afforded all possible safeguards.

As a means of assistance for diagnosis and prevention, drug testing is one useful tool among many, but only as part of a larger agenda. In line with this philosophy, any drug testing policy or program should be (1) formulated in accordance with workplace needs, (2) implemented in conjunction with an Employee Assistance Program, and (3) employ systematic, reliable, and confidential methods.

Legal Issues

In addition to considerations of philosophy and approach, there are general legal concerns which must be taken into account by any employer in implementing alcohol and drug testing programs. These concerns vary according to such considerations as whether the employer is in the public or private sector, unionized or nonunionized, and/or in a jurisdiction which has relevant statutory or common law precedent. The law in this area is evolving rapidly, and there are few generally applicable precedents. Therefore, it would be prudent for employers to obtain legal counsel before developing and implementing a testing policy or program. Some of the more significant legal considerations are:

- **Constitutional Protections**—The United States Constitution—which restricts governmental, but not private, actors from arbitrarily interfering with individual rights—protects public sector employees' rights relating to privacy and job security. With respect to workplace privacy, the Fourth Amendment prohibits unreasonable "searches" and "seizures." The courts have concluded that a public employer's taking of a blood or urine specimen for the purpose of drug and alcohol testing constitutes a "search" and "seizure." In determining whether such testing is "reasonable," and therefore, constitutionally valid, the courts balance the degree of intrusion on the individual's privacy interests against the promotion of the employer's legitimate interests.

  Based on this balancing test, the courts favor employee testing which is based on reasonable suspicion of alcohol or drug use. Exceptions to the reasonable suspicion requirement—permitting, for instance, random or

periodic testing—have been made for testing policies which are justified by the following factors: the jobs covered are safety-sensitive, of a critical nature or subject to pervasive state or Federal regulation; the public or workers would suffer significant harm if substance abuse were undetected; there are unavailable less intrusive and equally effective measures such as background checks and supervisory observation which would promote the employer's interest in uncovering substance abuse.

With respect to job security, the Fifth and Fourteenth Amendments prohibit government employers from denying workers "due process of law." The courts have determined that to satisfy due process concerns, governmental testing policies which subject workers to disciplinary action must use methods meeting rigorous standards of reliability and accuracy, including the use of confirmatory tests, and must provide other safeguards such as notice and opportunity for a hearing.

Moreover, a number of states have constitutions which, unlike the United States Constitution, contain privacy protections applicable to both public and private sector conduct. Accordingly, these constitutional protections may restrict drug and alcohol testing by private employers.

- **Handicap Discrimination**—The Federal Rehabilitation Act of 1973 prohibits Federal contractors, Federal agencies and recipients of Federal financial assistance from discriminating in employment against qualified handicapped persons. Under the Act alcoholics and drug addicts may be considered covered handicapped persons unless their use of alcohol or drugs would prevent successful job performance or threaten the safety or property of others. Employers must attempt to accommodate covered substance abusers into the workplace unless, based on consideration relating to business necessity and cost, accommodation would impose an undue hardship. The Rehabilitation Act permits employers to require applicants and employees to undergo comprehensive physical examinations, including drug and alcohol testing. The question whether employers may discharge or refuse to hire an individual solely on the basis of a positive test result—that is, absent evidence that the individual's use of alcohol or drugs would significantly impact on job performance or safety— is unresolved. However, employers would be most prudent to limit their exclusionary decisions to situations where there is such evidence.

  Also, an overwhelming majority of states have enacted laws which prohibit handicap discrimination in employment by both public and private employers. Although the scope of coverage varies widely from state to state, many of these laws apply to alcoholics and drug abusers and may prohibit adverse employment decisions based solely on positive test results.

- **Collective Bargaining Rights**—The General Counsel of the National Labor Relations Board has issued a memorandum which takes the position that unionized employers are required under the National Labor

Relations Act to bargain collectively in good faith regarding the implementation of a drug or alcohol testing policy. (The memorandum, which indicates how the General Counsel will prosecute relevant unfair labor practice charges, does not constitute a binding policy statement of the full NLRB; however, such opinions often are followed by the full Board in later cases.) The memorandum requires bargaining over testing of both employees and applicants. The General Counsel finds that a drug or alcohol testing policy, including issues concerning testing procedures, confidentiality, laboratory integrity, etc., constitutes a substantial change in the terms and conditions of employment (triggering the mandatory bargaining requirement), even if the employer has an existing rule prohibiting drug or alcohol usage or a program of mandatory physical examinations. Therefore, the memorandum states that employers must bargain with employees' representatives over issues concerning the implementation, content, procedures or effect of a testing policy, unless that right is clearly waived.

- **State and Local Statutory and Common Law Restrictions**—A number of states and cities have enacted or are considering statutory restrictions regarding workplace drug and alcohol testing. These laws generally restrict the scope of testing by both public and private employers (for instance, to applicants or to employees where there is "reasonable suspicion" of an impairment) and set out procedural safeguards and privacy protections. In some jurisdictions, the courts have prohibited private sector employers from terminating employees who do not have an express employment contract ("at will" employees) where to do so conflicts with an implied contractual obligation contained in an employee handbook or personnel manual or with "public policy" as expressed in Federal or state laws. Thus, employees who are discharged based on either a refusal to undergo testing or a positive test result may have a claim in these jurisdictions.

RESOURCES

Technical Assistance on Workplace Substance Abuse Programs

The National Clearinghouse for Alcohol and Drug Information (NCADI) is a toll-free service funded by the Federal government. NCADI's information specialists will help you find information on all aspects of substance abuse—from videos and prevention materials, to specific program descriptions, resources in your State, and the latest research results. Many publications and educational materials are available free from NCADI. (1-800-729-6686)

The Drug-Free Workplace Helpline is a toll-free service funded by the Federal government to provide individualized technical assistance to business, industry, and unions on the development and implementation of comprehensive drug-free workplace programs. (1-800-843-4971)

Demand Reduction Coordinators (DRC) from both the Drug Enforcement Administration (DEA) and the Federal Bureau of Investigation (FBI), and **Law Enforcement Coordinating Committee (LECC) Coordinators**, U.S. Department of Justice, offer a variety of technical assistance services to employers on workplace substance abuse. Contact your local DEA, FBI, or U.S. Attorney's office to locate the nearest coordinator.

State and Local Resources

The National Association of State Alcohol and Drug Abuse Directors (NASADAD) coordinates and encourages cooperative efforts between the Federal government and State agencies on substance abuse. Through its Drug-Free Workplace Project, NASADAD is working through State substance abuse agencies to provide technical assistance to small businesses developing substance abuse programs and policies. NASADAD serves as a resource on State drug programs and can provide contacts in each State. (NASADAD, Drug-Free Workplace Project, 444 N. Capitol Street, NW, Suite 642, Washington, D.C. 20001, 202-783-6868)

State drug and alcohol program offices exist across the country. To find your State's office, you can call your State government, consult your local phone directory, or contact NCADI and NASADAD, listed above.

Community organizations are available to provide help with drug or alcohol problems. Check your local telephone directory under headings such as Alcohol/Drug Abuse Information, Treatment, or Counseling. Be sure to look in the blue pages (government listings and public service section), the yellow pages, and the community service section of your directory.

National Hotlines and Helplines

800 Cocaine is an information and referral hotline that refers callers to drug rehabilitation and counseling services in their area. 800 Cocaine also mails out basic information on cocaine and crack. (1-800-COCAINE)

The American Council on Alcoholism Helpline provides referrals to alcohol treatment programs nationwide and provides written materials. (1-800-527-5344)

The National Council on Alcoholism and Drug Dependency provides written information on alcohol abuse and provides a referral service to treatment and counseling centers across the country. (1-800-NCA-CALL)

The National Institute on Drug Abuse Hotline is a Federally funded service providing referrals to drug and alcohol programs including referrals to programs for those who cannot pay for services. (1-800-662-HELP)

Alcoholics Anonymous (A.A.) provides information and support to recovering alcoholics through local chapters in communities nationwide. (212-686-1100)

Narcotics Anonymous (N.A.) provides information and support to recovering drug addicts through local chapters in communities nationwide. (818-780-3951)

Al-Anon provides information on alcoholism and alcohol abuse and refers callers to local Al-Anon support groups established to help friends and families of alcoholics. (1-800-356-9996) **Nar-Anon** provides a similar service for friends and families of drug users. (818-780-3951)

For additional copies of this pamphlet, or other resource materials on substance abuse, write or call:

The National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, Md. 20852
(301) 468-2600
or 1-800-729-6686 toll-free